



CREDIT CARD AUTHORIZATION

RETURN BY FAX **714 870 7102** OR
EMAIL TO THEDESSERBRIDAL@GMAIL.COM

QUESTIONS ? 714 870 7101
MON THRU FRI • 1 0AM TO 5 P.M

Bride's Name (or Event Contact) : _____ **Event Date:** _____ *To provide the best service and effectively track orders, The Dresser will register all purchases associated with an event using the Bride's Name and Wedding Date*

Order Name (if different than above) : _____ **Daytime Phone:** _____

Cardholder's Name (As Printed): _____ **Daytime Phone:** _____

(OPTIONAL) E-mail address or fax number for Receipts : _____

All Sales and Payments are FINAL, NON REFUNDABLE, NON TRANSFERABLE.

VISA/MASTERCARD/DISCOVER ACCOUNT NUMBER:

_____ -- _____ -- _____ -- _____

EXPIRATION DATE: _____ -- _____ **CV CODE:** _____ **BILLING ZIP:** _____ Authorized Payment

Amount: \$ _____ for balance on Sales Order# _____ (only if known).

TIP AMOUNT for your Bridal Stylist: \$ _____, Not required but greatly appreciated!

Please Specify:

ONE -TIME AUTHORIZATION. I would like to complete a new form every time I make payments in the future.

-OR-

AUTHORIZATION ON FILE. For my convenience, I request my credit card authorization be kept on file. I understand The Dresser cannot process payments without my consent, but I do not want to fill out a new Authorization each time. This authorization is valid for payments on goods or services I have requested on behalf of myself and/or on behalf of the Order Name/Event Contact listed above.

By submitting this Credit Card Authorization, I hereby certify that I am authorized to make purchases on the named account. I accept financial responsibility for this purchase and the conditions of the Cardholder/Member Services Agreement. I have read, understand, and agree to The Dresser Store Policies and Terms of Service.

Cardholder's Signature

Date

*****PLEASE ALSO ATTACH CARDHOLDER'S LICENSE*****